

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 053123 FIILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.		
1				1		
2						
3						
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16	1					
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21	1					
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36						
37						
38						
39						
40	1					
41						
42	1					
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		3				
TOTAL DEP.		30				
TOTAL CLAIMS		33				

IND.	DEP.	IND.	DEP.	IND.	DEP.
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52					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY